

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/01/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445373	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 07/26/2016
NAME OF PROVIDER OR SUPPLIER  NORTHSIDE HEALTH CARE NURSING AND REHABILITATION C			STREET ADDRESS, CITY, STATE, ZIP CODE 202 EAST MTCS ROAD MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  During the complaint investigation of #39140 and #39225, conducted on 7/18/16 to 7/26/16, at Northside Health Care Nursing and Rehabilitation, no deficiencies were cited in relation to the complaints under 42 CFR PART 483, Requirements for Long Term Care Facilities. A deficient practice was cited unrelated to the complaints.	F 000	This Plan of Correction is submitted as required under Federal and State regulation and statutes applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that scope or severity regarding any of the deficiencies cited are correctly applied.	08/05/16	
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.  The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.  This REQUIREMENT is not met as evidenced by: Based on facility policy review, medical record review, and interview, the facility failed to have neurological assessments readily accessible for review during the survey for 1 (Resident #3) of 3 residents reviewed for falls.  The findings included:  Review of the facility policy "Neurological	F 514			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*John C. Carter* Administrator 8-9-16

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 514	<p>Continued From page 1</p> <p>Assessment," dated 9/2014, revealed "...Falls that occur and a patient hits their head or if the fall is unobserved and the possibility is there that a patient may have hit their head, a neurological assessment must be conducted to evaluate for possible impairment..."</p> <p>Medical record review revealed Resident #3 was admitted to the facility on 3/16/12 and readmitted to the facility on 6/22/16 with diagnoses including Psychosis, Mood Disorder, Hypertension, Artherosclerosis Heart Disease, Diabetes Mellitus Type 2, Peripheral Vascular Disease, and Myositis.</p> <p>Review of the facility Monthly Falls Tracking Form, the facility documentation of the event and/or the investigation, and review of the medical record of the physician orders and progress notes revealed Resident #3 had the following:</p> <p>1.) On 1/6/16 at 7:30 AM had an unobserved fall, was an unassisted self transfer from the wheelchair and was found on the floor next to the wheel chair. Review of the facility investigation revealed neuro checks were to be initiated. Medical record review of the physician order dated 1/6/16 revealed an order for "...fall precautions...neurochecks..."</p> <p>2.) On 1/15/16 at 9:00 AM had an unobserved fall, was found lying on the floor mat next to the resident's bed. Review of the facility investigation revealed neuro checks were to be initiated. Medical record review of the physician order dated 1/15/16 revealed an order for "...fall precautions...monitor/neurochecks per home protocol..."</p> <p>3.) On 1/29/16 at 7:00 AM had a witnessed fall from the wheelchair to the floor hitting her head.</p>	F 514	<p>F 514</p> <p>1. Corrective actions for residents affected by the alleged deficient practice:</p> <p>On 07/27/16 the ADON notified the State surveyor that neurological assessments for Res#3 was located in Res#3's medical chart in the facilities EMAR system under the treatment tab. On 07/28/16 the ADON emailed Res#3's neurological assessments for 1/6/16, 1/15/16, 1/29/16 and 6/6/16 to State surveyor.</p> <p>2. Corrective action taken for those residents having the potential to be affected by the alleged deficient practice:</p> <p>On 08/03/16 an audit was conducted by the ADON of residents with an unwitnessed fall or fall with head strike/injury for the prior 3 months. 2 of 27 residents were noted for un-documented neurological assessments. The nurses involved were re-educated by the</p>		

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F 514	<p>Continued From page 2</p> <p>Review of the facility investigation revealed neuro checks were to be initiated. Medical record review of the physician order dated 2/1/16 revealed an order for "...fall precautions..." Medical record review of the physician progress note dated 2/1/16 revealed "...F/U [follow-up] fall/laceration Fore head/...neurochecks..."</p> <p>4.) On 6/6/16 at 1:15 AM had an unwitnessed fall from the wheelchair to the floor. Review of the facility investigation revealed neuro checks were to be initiated. Medical record review of the physician order dated 6/7/16 revealed an order for "...neurochecks per protocol...Fall precautions..."</p> <p>Medical record review revealed no documentation presented to the surveyors during the survey, of neuro checks for the falls on 1/6/16, 1/15/16, 1/29/16 and 6/6/16 .</p> <p>Interview with the Director of Nursing (DON) on 7/20/16 at 10:05 AM in the DON's office, when asked if the neuro check documentation was available stated "...No, I didn't find documentation..." per facility policy.</p> <p>Interview with the Assistant Director of Nursing on 7/20/16 at 10:35 AM in the conference room confirmed the facility failed to have documentation of neuro checks, after the falls of 1/6/16, 1/15/16, 1/29/16 and 6/6/16, accessible for review during the survey.</p>	F 514	<p>ADON on facility policies and procedures for obtaining neurological assessments.</p> <p>3. Measures or systemic changes put in place to assure the alleged deficient practice does not re-occur:</p> <p>On 07/26/16 Licensed nursing staff was re-educated by the DON regarding guidelines for for completing a thorough incident investigation including neurological assessments with all unwitnessed falls or falls with head strike/injury. The DON or designee will print and attach the neurological assessment (if applicable) to the post falls follow-up investigation sheet to ensure ease with neurological assessment accessibility.</p> <p>4. Corrective actions will be monitored to ensure the alleged deficient practice will not re-occur:</p> <p>Random audits of the falls investigations will be conducted by the Administrator or designee</p>		